	FCC Form 690
(060) Coverage and Performance Report	PCC Fullit 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	448038	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		

	448038_CPRd_TX.zip
Coverage and Performace attachments	

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<62>	<b3></b3>	<c1></c1>	<c2></c2>	<:3>	<d>></d>
								,		
									-	
									Total	
								Road	Road	Certify that
					Resident	Total Resident	Road Miles	Miles per Census	Miles covered	Coverage and Performance data
					Population Newly Reached		per Census	Block Newly	per Census	is uploaded (Yes/no)
	State	County	1		by Service				Block	(res/110)
				9	ee attach	ed worksl	neet			
		i	<u> </u>	l	<u> </u>		l		<u> </u>	

0		0
Percentage of Total	Percentage of To	tal
Population Reached by	Road Miles covere	ed
Service	by Service	ŀ

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
(e. a) or act, there compared my comments compared	roc rom osu
	Approved by OMB
	Approved by Clino
	OMB Control No. 3060-1185
	Child Control No. 3000-1183
	Page 4 of 8
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<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:		Date		
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448038	Filing Due Date for this form: 07/01/2016		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibil authorized agent; and, to the best of my knowledge, the reports and data provided to the aut Name of Authorized Agent:	ties include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the orized agent is accurate.
	orized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	····
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Filing Due D	ate for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	o File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	o submit the certification on behalf of the reporting carrier; I have provided the data reported herein bas owledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can b	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Triba	l Lands Reporting		#	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010> <015>	Study Area Name		448038 Texas 10, LLC	
<020>	Study Area Name Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding the	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identifi	ed in data line <	:030> cstrausbaugh@cellonenation.	com
<142>	State			
<143>	County			
	·			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Tigovernment pursuant to § 54.1004 includes:	he attached	ole) for	
<146>	Needs assessment and deployment planning with a foc	us on Tribal	Select (Yes, No, Not Applicable)	
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <050>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	199620.00
<203>	Total Mobility Fund Support Disbursed	192273.98
<210>	Actual Completion Date Project Status Description (attached)	07/24/2015 448038_PSD_TX.pdf
<211>	Project Status Description (attached)	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	✓
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Texas 10, LLC Name of Reporting Carrier:

Study Area Code of Reporting Carrier:

Signature of Authorized Officer: Date

Chad Strausbaugh Printed name of Authorized Officer:

Staff Counsel Title or position of Authorized Officer:

Telephone number of Authorized Officer: Filing Due Date for this form: 07/01/2016

6105356474 ext.

448038

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

13 001 Contification - Ament / Carrier FCC Form 690	
(102) Certification - Agent / Carrier FCC Form 690	
Approved by OMI	
OMB Control No.	
Page 8 of 8	

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on bel y responsibilities include ensuring the accuracy of the data reporting requirements provided data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
I, as agent for the reporting carrier, certify that I a reported herein based on data provided by the re	n authorized to submit the reports for Mobility Fund recipients on beha porting carrier; and, to the best of my knowledge, the information report	If of the reporting carrier; I have provided the data ted herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Age	nt:	Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee	of Agent	
Felephone number of Authorized Agent or Employ	ee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Study Area Code of Reporting Carrier:		934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under

Attachments

20.00			60/10/1/60	300 3000		
шы	1184.	weras	(B)	2 2 3 2 3 2 5 8	THE STATE	Report
Series (S	el Zionio	Aller Marie				(15845), \$100,051/-

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

Study Area Code	448038
Study Area Name	Texas 10, LLC
Program Year	2016
Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
Coverage and Performance Report Year	08/2015 - 07/2016
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>

<141>

<a1></a1>	<a2></a2>	<a3></a3>	4 12	<b2></b2>	<b3></b3>	<cl></cl>	<c2></c2>	<c3></c3>	< d>>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Shelby	0000	0	0	0	0.0	0.0	0.0	Yes
								,	

Percentage of					
Total Population					
Reached by					
Service					

0			

Percentage of Total Road Miles covered by Service

0		

FCC Form 690 - Coverage and Performance Data Update

. . . ~

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448038

County/State: Shelby, TX

Total Award Amount: \$199,620.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

10 to 3 20 km	Fund - \$54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448039	į	Accorded / Elled
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2016		JUN 172016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Fede	eral Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
	isanis että siin on muuta saa saanna kannaan muuta ta sii amaan mata suunta muuta saa saa saa saa saa saa saan Tariista saa saa saa saa saa saa saa saa saa		Madule Shiribitathe (1821) dhala	THE CONTRACT OF THE CONTRACT O
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (<u>//N)</u> <040>	•
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting {y/n?} (Does this study area cov	er tribal lands? Yes or No)	0	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448039	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	a consistence of the constant
<035> <039>	Contact Telephone Number - Number of person ident		6105356474 ext.	
10332	Contact Email Address - Email Address of person ident	ined in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC	*	
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve. Suite 104	*************************************
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	·		
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	enation.com	W.J.
<120> <121> <122> <123>	iformation if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Driv Wayne	ze Suite 104	
<124>	State	PA		
<125>	Zip-Code	19087		***************************************
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		7047
<128>	Email Address	cstrausbaugh@cellone	enation.com	
<u>Authorize</u>	d Agent Information		, 15AFF12	***************************************
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			, , , , , , , , , , , , , , , , , , , ,
<138>	Email Address			

(060) Coverage and Performance Report	FCC Form 690	
	Ap proved by Oil	<i>1</i> 18
	OMB Control No	. 3060-1185
	Page 3 of 8	

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	

	448039_CPRd_TX.zip
Coverage and Performace attachments	

<141> <a1> <a2> <a3> <b1> Total Road Certify that Road Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Population Resident Population Block is uploaded per per Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet

Percentage of Total
Population Reached by Service

Percentage of Total
Road Miles covered
by Service

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	as 10, LLC			
Signature of Authorized Officer:			Date	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448039	Filing Due Date for this form: 07/01/2016		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

ertify that (Name of Agent)	ent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting
irrier. I also certify that I am an officer or employee of the reporting car	Tier: MV responsibilities include ensuring compliance with 47 CED SE4 1000/2//4)
thorized agent; and, to the best of my knowledge, the reports and data	provided to the authorized agent is accurate.
ame of Authorized Agent:	
ame of Reporting Carrier:	
gnature of Authorized Officer or Employee:	Date:
inted name of Authorized Officer or Employee:	- Doct.
tle or position of Authorized Officer or Employee:	· · · · · · · · · · · · · · · · · · ·
lephone number of Authorized Officer or Employee:	
udy Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by f	ine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	- July 1
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Trib	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
.010		***		
<010> <015>	Study Area Code Study Area Name	-	448039	
<020>	Program Year		Texas 10, LLC	
<030>	Contact Name - Person USAC should contact regarding t	his data	2016 Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identifi	ied in data line <030:	> cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
	·			
<144>	Tribal Land(s) on which ETC Serves			
\1 11 4>	- Tibal Land(s) on which ETC 361465			
41.455	Tribal Consessed Forest All 1			
<145>	Tribal Government Engagement Obligation	Name of Attack of Boom		
		Name of Attached Docu	iment (.paj)	
	If your company serves Tribal lands, please select (Yes, N	In Not Applicable) fo	or.	
	each of these boxes to confirm the status described on the			
	PDF, on line 145, demonstrates coordination with the Tr	ribal		
	government pursuant to § 54.1004 includes:			
			Select	
<146>	Needs assessment and deployment planning with a focu	(Ye	es, No, Not Applicable)	
	community anchor institutions;	is on mual		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;		<u> </u>	
<149>	Compliance with Rights of way processes	H		
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules	-		
-101/	combustice with Lacilities Sittlik Line?		i	

<152>

<153>

<154>

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
		(s)(s)(t)(t)(s)(t)(t)(t)(s)(t)(t)(t)(t)(t)(t)(t)(t)(t)(t)(t)(t)(t)	
<010>	Study Area Code	448039	
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<020>	Program Year	2016	
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@	ecellonenation.com
<200> <201>	Date Authorized to Receive Support Targeted Completion Date	08/16/20 08/17/20	
<202>	Total Mobility Fund Support Awarded	203139.0	0
<203>	Total Mobility Fund Support Disbursed	201838.9	1
<210>	Actual Completion Date	08/13/20	015
<211>	Project Status Description (attached)		PSD_TX.pdf f PDF attached}
<212><213><214><215><216>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status	/ / / /	
<217>	Project Plan Status		

● 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service ?

<010> Study Area Code	448039	OMB Control No. 3060-1185 Page 7 of 8
(101) Certification - Reporting Carrier		FCC Form 690 Approved by OMB

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Texas 10, LLC Name of Reporting Carrier: Date Signature of Authorized Officer: Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/01/2016 448039 Study Area Code of Reporting Carrier:

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06/16/2016 Page 7

(102) Certification - Agent / Carrier FCC For	THE ROOM SECTION OF THE PROPERTY OF THE PROPER
(Total Cartinogram, Editor), Carrier	
America	ed by OMB
Афии	
OUR C	ontrol No. 3060-1185
UMBU	ARRIVE PROCESSOR
Page 8	
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<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my	is authorized to submit the information reported on behalf of the report sponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorize	-
agent; and, to the best of my knowledge, the reports and		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	prized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
	norized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information repor	
ame of Reporting Carrier:		***
ame of Authorized Agent Firm:		
gnature of Authorized Agent or Employee of Agent:		Date:
ame of Authorized Agent Employee:		
tle or position of Authorized Agent or Employee of Ager	nt	
elephone number of Authorized Agent or Employee of A	gent:	

Attachments

		CONTRACTOR OF THE PROPERTY OF
060) Coverage and Performance Report	FC	C Form 690
	Ao	proved by OMB
	O)	AB Control No. 3060-1185
	The state of the s	

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

фг) ф3» «с1» «с2» «с3» «ф» <b1> Certify that **Total Road** Coverage and Road Miles Resident Total Resident Miles Performacne Population **Road Miles** per Census Population covered per data is uploaded Newly Reached by Service **Block Newly** Population per Reached by per Census Census Block (yes/no) Reached County Shelby Census Block Census Block Service Block State 0000 0.0 Yes 0 0 0 ТX 0.0 0.0

> Percentage of Total Population Reached by Service

<141>

0

Percentage of Total Road Miles covered by Service

0

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448039

County/State: Shelby, TX

Total Award Amount: \$203,139.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

3 5 7 7 7 7	Fund §54.1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>		448040		Accepted / Filed
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016		0011 17 2010
<030>		Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
			Taring the transfer of the state	STEELEN MAN HANDES STEELEN MAN HET STEELEN MAN
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>)</u> <040>	•
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cou	ver tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448040	
<015>	Study Area Name		Texas 10, LLC	Y
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifie		6105356474 ext.	
	Carrier / Mobility Fund Phase 1 Winning Bidder	ed in data line (030)	cstrausbaugh@cellonenation.com	
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		···
<112>	ME - C - Pill - C - C - M	Texas 10, LLC		· · · · · · · · · · · · · · · · · · ·
<113>	0	1170 Devon Park Dri	ve, Suite 104	
<114>		Wayne		
<115>	Citati	PA		-
<116>		19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	***	41-70-11-2-11-11-11-11-11-11-11-11-11-11-11-1	
<119>	Email Address	cstrausbaugh@cellon	enation com	
<pre><120> <121> <122> <123> <124> <125> <126> <126> <127> <128></pre>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Driv Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellone		
Authorized	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			***
<131>	Company	4° H		
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			-
<136>	Telephone Number			
<137>	Fax Number		*****	
<138>	Email Address		1000	
	_			

<015>	Study Area Name	Texas 10, LLC	
<010>	Study Area Code	448040	
			OMB Control No. 3060-1185 Page 3 of 8
			Ap proved by OMB
(060) Co	verage and Performance Report		FCC Form 690

 <015>
 Study Area Name
 Texas 10, LLC

 <020>
 Program Year
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 <039>
 Contact Email Address - Email Address of person identified in data line <030>
 cstrausbaugh@cellonenation.com

	448040_CPRd_TX.zip	
Coverage and Performace attachments		

<141> <a1> <a2> <a3> <b1> <b2> <c3> <d>> Total Road Road Certify that Road Miles per Miles Coverage and Resident **Total Resident** Miles Census covered Performance data Population Resident Population per Block per is uploaded Population per **Newly Reached** Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Błock Reached Block -- See attached worksheet

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	